

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1 File Number U <input type="text"/>	2 Fiscal Year Covered From <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Through <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
3 Name and address of person filing Name <input type="text"/> <input type="text"/> P.O. Box Bldg Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4 Name, file number, and address of labor organization Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box Building and Room Number if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5 Position in labor organization <input type="text"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P.O. Box Bldg Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction, or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number